

lightly undertaken! Imbalances in presentation are exemplified by the treatment of *Bacteroides* (just a half-page) whilst *Myco leprae* fills more than two pages. On p.315 the multiple pressure method of smallpox vaccination is said to be a special procedure!

On p.47 the brief paragraph on 'Droplets' frightens the reviewer — it is non-informed and tells the reader nothing of significance of large droplets compared with droplet nuclei; this entire chapter (of four pages) must be re-written. This volume cannot be recommended to my students.

R.R.G.

PATIENTS, PRACTITIONERS AND MEDICAL CARE. ASPECTS OF MEDICAL SOCIOLOGY. Second Edition. (Pp. xiv+185. £3.25). London: William Heinemann Medical Books, 1978.

THIS book is written in a practical style, is short and free of 'sociological' jargon. The author, a medical sociologist, describes the social setting of medicine. His aim is to indicate something of the sociologist's role in predicting illness behaviour and to define his relationships with other workers in the field. The family doctor may find it more interesting and relevant to his everyday work than the hospital clinician, because of the heavy social and behavioural content.

Social action and illness behaviour in different clinical situations are discussed. The author defines man as a 'social' as well as a 'biological' animal, and stresses the importance of understanding his social and cultural background. The chapter of greatest value is that concerned with symptom perception by different socio-economic groups and the process of becoming ill, which includes a description of 'sick-role'.

The chapter on the relationship of doctor and patient presents numerous deficiencies in communication and has wide implications for medical education. Doctors are apparently inept at handling uncertainty and they adopt varying strategies. Some see illness in narrow scientific and procedural terms, other see emotional and social issues as the very essence of medical care.

The 'Hospital' chapter is complex and full of 'organisational theories and goals' of some interest to a medical administrator, but less so to a clinician. It does however show the growing complexities of interpersonal relationships between different interdependent social groups in large hospitals.

It is evident that the author has practical experience of applying sociological concepts to help solve clinical problems. Hence among the books available on medical sociology this second edition offers good value for money. It is very readable and to the point and should be read with interest by medical students, and in particular primary care physicians and other health workers.

W.G.

NEUROPHYSIOLOGY OF POSTURAL MECHANISMS. By T. D. M. Roberts, B.Sc., Ph.D., F.R.S.E. Second Edition. (Pp. 415; figs. 173. £30.00). London-Boston: Butterworths, 1978.

THE physiology of the nervous system is very complex but additional information is being provided regularly and we can expect a better understanding to come with time. At the moment the physiology of many simple reflex systems has been quite fully elucidated and can be comprehended without much difficulty. At the other extreme there is the cortical activity concerned with voluntary activity, appreciation of sensation, etc., which can not be

explained as yet in rational physiological terms. In the middle lies the regulation of posture. This involves the complex integration of many interlocking reflex systems and can be understood to some extent in simple mechanistic terms.

This book deals with this difficult area in as satisfactory manner as is possible. Evidence has had to be drawn from so many varieties of experiment in different experimental preparations that the interpretation of the data is difficult and will probably be modified with time. However, Dr. Roberts makes a valiant attempt to draw the strands together.

It is not a book for the intellectually faint-hearted. Hard slogging is needed to get from chapter to chapter and occasionally from page to page. Even then it is sometimes hard to knit the pieces together into a composite picture. This merely reflects the state of knowledge in the field. Libraries should have this book so that it may be consulted by neurologists or research students when the need arises. The price of £30 and the complexity of the matter puts it a little beyond the purse and the need of the average medical student.

I.C.R.

THE M.R.C.G.P. EXAMINATION. A COMPREHENSIVE GUIDE TO PREPARATION AND PASSING. By A. J. Moulds, T. A. B. Hayes and K. H. M. Young. (Pp. viii+131; illustrated. £4.95). Lancaster, England: M.T.P. Press Limited., 1978.

THE appearance of this new and short book on the format and mechanics of assessment of the M.R.C.G.P. examination of the Royal College of General Practitioners is timely. The examination is accepted now as a measure of clinical competence in General Practice, and increasingly is being sat by young doctors, who complete recognized vocational training schemes. There are many features which make the book essential reading, especially for the large number of more mature doctors who sit the examinations as a form of self-assessment. Each part of the examination is systematically explored in individual chapters. The style and structure of the examination are clearly outlined. The various techniques of assessing knowledge, skills and attitudes are explained, and reasons given for the varying marking emphasis. A very useful feature is the suggested work plan, with the guide to reading material and other sources of information. All prospective candidates will welcome the full length mock examination with answers, which will surely instil further confidence beforehand.

It is evident from reading the book why John Fry states in the Foreword 'the authors have been the organisers of some of the most successful courses for the M.R.C.G.P. exam.' They have produced an excellent authoritative work, which should be read by all who intend to sit the M.R.C.G.P. Most medical libraries will need to have several copies available, as it is likely to be a very popular publication.

W.G.I.

RESPIRATORY DISTRESS SYNDROME OF SHOCK AND TRAUMA: POST-TRAUMATIC RESPIRATORY FAILURE. By F. W. Blaisdell and F. R. Lewis. (Pp. xii+237; illustrated. £12.50). Eastbourne: Holt Saunders, 1978.

THIS book, twenty-first in the series of Major Problems in Clinical Surgery, has been written by two American surgeons. It details the theories of causation, the pathology and disordered physiology of pulmonary complications following major trauma and surgical operations. Eight different reasons for respiratory failure are considered and it is emphasised that the physician should not arbitrarily assume that a trauma patient is suffering from 'shock lung' but should attempt to determine the specific cause of the respiratory failure.